Comprehensive School Health Education. ERIC Digest

CONTENT OF THE COMPREHENSIVE SCHOOL HEALTH INSTRUCTIONAL PROGRAM

THE IMPORTANCE OF COMPREHENSIVE SCHOOL HEALTH EDUCATION

TEACHER PREPARATION IN HEALTH EDUCATION

SELECTION OF A HEALTH CURRICULUM

REFERENCES

ERIC Identifier: ED351335
Publication Date: 1992-11-00
Author: Summerfield, Liane
Source: ERIC Clearinghouse on Teacher Education Washington DC.

Comprehensive School Health Education. ERIC Digest.

THIS DIGEST WAS CREATED BY ERIC, THE EDUCATIONAL RESOURCES INFORMATION CENTER. FOR MORE INFORMATION ABOUT ERIC, CONTACT ACCESS ERIC 1-800-LET-ERIC

Comprehensive school health education is a planned, sequential curriculum of experiences presented by qualified professionals to promote the development of health
knowledge, health-related skills, and positive attitudes toward health and well-being for students in preschool through grade 12. Comprehensive school health education is one facet of the comprehensive school health program, which includes school health services and a healthful school environment, as well as health instruction. This Digest will focus on the instructional component of the comprehensive school health program.

Schools are unique among U.S. institutions in their access to children. They are a logical place to provide health information, not only to improve health in the childhood years but to prevent illness, disability, and health care costs later in life. Health education literally empowers students to avoid health risks.

Although school health education is now recognized as a national priority (U.S. Public Health Service, 1990), most American students have little or no health education (Pigg, 1989; Corry, 1992). Education codes establish a mandate for health education in 43 states; 36 of these states have a legal requirement for health instruction (Lovato, Allensworth, & Chan, 1989). Nevertheless, how the states define health instruction varies considerably, as evidenced by the variation in state funding for health education (ranging from $500 to $2 million annually) (Lovato, et al., 1989). Some children receive health instruction in only one grade; others get a fragmented "crisis-driven" approach that focuses on one problem, such as drug abuse or HIV infection.

CONTENT OF THE COMPREHENSIVE SCHOOL HEALTH INSTRUCTIONAL PROGRAM

Health education can often be integrated into other curricular areas. For example, a mathematics unit may include an exercise on calculating exercise heart rates, or a social studies class could examine state laws on drinking and driving. However, health should be treated as a separate subject in junior and senior high school (Dunkle & Nash, 1991).

It is recommended that the following 10 areas be included in any comprehensive school health program, whether the program is integrated or a separate subject: community health, consumer health, environmental health, family life, mental and emotional health, nutrition, personal health, chronic and infectious disease prevention and control, safety and accident prevention, and substance use and abuse (Joint Committee on Health, 1990; Joint Committee of the Association, 1992). Once a comprehensive program is in place, topical issues such as HIV/AIDS and teenage pregnancy can be incorporated into the program as needed. Each community should also build its health curriculum to reflect local needs, interests, and cultural and ethnic diversity.

THE IMPORTANCE OF COMPREHENSIVE SCHOOL HEALTH EDUCATION
Student knowledge is significantly improved as a result of health instruction (Seffrin, 1990). More importantly, considerable evidence demonstrates that health attitudes, skills, and behaviors are also enhanced (Pigg, 1989). For example, students who have had comprehensive school health education are less likely to drink, smoke, take drugs, or ride with drivers who have been drinking than are students with little or no health instruction (Pigg, 1989). Health instruction significantly decreases teenage pregnancy rates (Cortines, 1990).

The most comprehensive evaluation of school health education was the School Health Education Evaluation (SHEE) study conducted in the early 1980s (Connell, Turner, & Mason, 1985). SHEE involved more than 30,000 fourth through seventh graders in over 1,000 classrooms from 20 states. Among its findings was the observation that at least 50 classroom hours of instruction were needed before students demonstrated significant changes in health attitudes and behaviors. It is generally recommended that students receive 50 classroom hours of instruction per year in health (English & Sancho, 1990).

TEACHER PREPARATION IN HEALTH EDUCATION

According to the Association for the Advancement of Health Education (AAHE) and the American School Health Association (ASHA), "Lack of teacher training has been identified through national surveys as one of the most significant barriers to the effective implementation of school health education, especially at the elementary level" (Joint Committee of the Association, 1992). At the secondary level, most states (39) require teachers to be certified in health education by the State Department of Education in order to teach it. Only one state has such a requirement at the elementary level, even though 19 states require that health education be taught sometime during grades 1 through 6 (Lovato et al., 1989).

AAHE recommends that all persons teaching health education at the secondary level or higher be certified in health education by the state. To better prepare the elementary teacher, AAHE and ASHA recommend that preservice education for elementary classroom teachers include at least one 3-credit course in personal health (which should include the 10 content areas of a comprehensive school health education program) and an additional 3-credit course in elementary health education.

A certification program for health educators independent of state requirements has been available since 1989 through the National Commission for Health Education Credentialing (NCHEC). Anyone having a bachelor's degree with a health education emphasis may take the NCHEC certification examination, which measures competencies in assessing, planning, implementing, and evaluating health education programs; coordinating provision of services; acting as a health resource person; and communicating health and health education needs, concerns, and resources (Summerfield, 1991). Those who successfully complete the examination receive the
certified health education specialist (CHES) credential. At present there is no coordination between the CHES credential and state certification of health educators.

SELECTION OF A HEALTH CURRICULUM

Whether a school is using an existing health curriculum or developing its own, English & Sancho (1990) recommend evaluating health curricula on: (a) goals and objectives of the curriculum, (b) content, (c) teaching strategies, (d) learning activities, (e) materials, (f) time devoted to curriculum implementation, (g) evaluation methods, (h) cultural equity, and (i) sex equity. Below are several curriculum guides which may be accessed through ERIC:


New York State Education Department. (1986). Health education syllabus, grades K-12.
Albany: Bureau of Curriculum Development. ED 272 460.


REFERENCES

References identified with an EJ or ED number have been abstracted and are in the ERIC database. Journal articles (EJ) should be available at most research libraries; documents (ED) are available in ERIC microfiche collections at more than 700 locations. Documents can also be ordered through the ERIC Document Reproduction Service: 1-800-443-ERIC. For more information contact the ERIC Clearinghouse on Teacher Education, One Dupont Circle, NW, Suite 610, Washington, DC 20036; (202) 293-2450.


This publication was prepared with funding from the Office of Educational Research and Improvement, U.S. Department of Education, under contract number RI 88062015. The opinions expressed in this report do not necessarily reflect the positions or policies of OERI or the Department.

---

**Title:** Comprehensive School Health Education. ERIC Digest.  
**Document Type:** Information Analyses---ERIC Information Analysis Products (IAPs) (071); Information Analyses---ERIC Digests (Selected) in Full Text (073);  
**Descriptors:** Curriculum Design, Curriculum Guides, Educational Objectives, Elementary Secondary Education, Health Education, Health Promotion, Instructional Development, Preschool Education, Program Content, Teacher Certification, Teacher Education  
**Identifiers:** Comprehensive School Health Education, Comprehensive School Health Programs, ERIC Digests  
###

---

[Return to ERIC Digest Search Page]